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**\*BIBDATASHEET\***

CONFIRMATION NO. 1417

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/795,956	<b>FILING OR 371(c) DATE</b> 03/08/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 2395-00033
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/634,271 08/08/2000 PAT 6,850,796  
 which claims benefit of 60/151,614 08/31/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 05/26/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

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**TITLE**

Method and apparatus to optimally measure cardiac depolarization/repolarization instability

<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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